



PTO/SB/21 (09-06)

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D72

TRANSMITTAL FORM

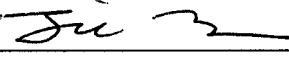
(to be used for all correspondence after initial filing)

		Application Number	10/549,441
		Filing Date	March 22/2004 (Int'l)
		First Named Inventor	David L. SHELTON
		Art Unit	1644
		Examiner Name	R. Schwandron
Total Number of Pages in This Submission	38 + 189 refs.	Attorney Docket Number	514712001600

ENCLOSURES (Check all that apply)

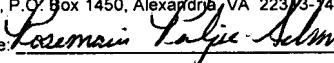
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (11 pages) <input type="checkbox"/> After Final	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): PTO/SB/08a/b + copy (20 pages) References (189) Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Jie Zhou		
Date	May 18, 2007	Reg. No.	52,395

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 581426982 US (box 1) and EV 581426996 US (box 2), on the date shown below in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 18, 2007

Signature:  (Rosemarie Puljic-Salmeron)

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CIPR 44-8
MAY 21 2007
PATENT & TRADEMARK OFFICE

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

630.00

Complete if Known

Application Number	10/549,441
Filing Date	March 22, 2004 (Int'l)
First Named Inventor	David L. SHELTON
Examiner Name	R. Schwadron
Art Unit	1644
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
	50	25
	200	100
	360	180

Each independent claim over 3 (including Reissues)

Multiple Dependent Claims

Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
360.00	0.00

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
13	- 20 = 0	x 50.00	= 0.00

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	- 3 = 0	x 200.00	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/50 _____	(round up to a whole number) x _____ = _____	_____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month	450.00
1806 Submission of an Information Disclosure Statement	180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	52,395	Telephone	(650) 813-5922
Name (Print/Type)	Jie Zhou		Date	May 18, 2007	